

Amendment No. 1 to HB1833

Fitzhugh
Signature of Sponsor

AMEND Senate Bill No. 1566*

House Bill No. 1833

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. There is created, within the health equity commission, a state chronic kidney disease task force, hereafter referred to as the "task force," to improve the health of residents of Tennessee and potentially reduce demands on the state's medicaid program.

SECTION 2.

(a) The task force shall consist of twenty-seven (27) members, and shall be chaired by the chief medical officer for the department of health or the commissioner of health's designee; provided that any such designee shall possess substantially equivalent knowledge, experience and background as the chief medical officer.

(b) Except as provided in § 3-1-106, all members of the task force shall be voluntary and shall serve without compensation or travel reimbursement; provided that the task force shall meet only on days in which the General Assembly has scheduled a floor session to consider legislation or on days standing committees of the General Assembly are scheduled to meet.

(c) The task force shall include the following members:

(1) Two (2) members of the house of representatives to be appointed by the speaker of the house of representatives, and two (2) members of the senate to be appointed by the speaker of the senate;

(2) The chief medical officer for the department of health or the commissioner of health's designee; provided that any such designee shall

possess substantially equivalent knowledge, experience and background as the chief medical officer;

(3) Two (2) physicians appointed by the Tennessee medical association, from lists submitted by the state medical society;

(4) Three (3) nephrologists, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee renal association;

(5) Three (3) primary care physicians, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee Primary care association;

(6) Three (3) pathologists, one (1) from each of the three (3) grand divisions of the state, to be appointed by the Tennessee society of pathologists;

(7) One (1) member who represents owners and operators of clinical laboratories in the state. Interested candidates who meet the criteria herein shall submit letters of interest to the task force for selection;

(8) Two (2) members who represent private renal care providers. Interested candidates who meet the criteria herein shall submit letters of interest to the task force for selection;

(9) Three (3) members who have chronic kidney disease, one (1) from each of the three (3) grand divisions of the state, to be selected by the kidney foundation;

(10) One (1) pharmacist, to be selected by the Tennessee society of pharmacists;

(11) Three (3) members who represent the kidney foundation affiliates, one (1) from each of the three (3) grand divisions of the state; and

(12) One (1) member from Q-Source, the Medicare Quality Improvement Organization (QIO) for Tennessee.

SECTION 3.

(a) The task force shall:

(1) Develop a plan to educate the public and health care professionals about the advantages and methods of early screening, diagnosis, and treatment of chronic kidney disease and its complications based on kidney disease outcomes quality initiative clinical practice guidelines for chronic kidney disease or other medically recognized clinical practice guidelines;

(2) Make recommendations on the implementation of a plan for early screening, diagnosis, and treatment of chronic kidney disease in the state, with the goal of slowing the progression of kidney disease to kidney failure, requiring treatment with dialysis or transplantation and prevention and treatment of cardiovascular disease; and

(3) Identify the barriers to adoption of best practices and potential public policy options to address these barriers, including the fragmentation of care among specialists and primary care physicians, and lack of access to primary care physicians are examples of barriers.

(b) The health equity commission shall provide necessary staff to the task force; provided that the department of health and all other state departments and agencies are urged to provide necessary assistance to the task force upon request.

(c) The task force shall report all findings and recommendations to the senate general welfare committee and the house health and human resources committee. All meetings of the task force shall occur prior to June 30, 2011, at which time it shall cease to exist.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.